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## BIB DATA SHEET

CONFIRMATION NO. 5416

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/588,230    | 03/28/2007<br>RULE    | 004   | 3771           | 007100.00001        |

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**\*\* CONTINUING DATA \*\*\*\*\* /KCM/**

This application is a 371 of PCT/JP05/00330 01/14/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\* /KCM/**

JAPAN 2004-027070 02/03/2004  
 JAPAN 2004-027071 02/03/2004  
 JAPAN 2004-090622 03/25/2004  
 JAPAN 2004-090623 03/25/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

04/17/2007

| Foreign Priority claimed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--|---|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | JAPAN            | 114             | 21           | 5                  |
| Verified and<br>/KRISTEN CLARETTE<br>MATTER/<br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br><br>Initials        |                  |                 |              |                    |

**ADDRESS**

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**TITLE**

Massage nozzle and massage device

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1980 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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